

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 09-JUN-2018		TIME 0315	ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609			LOCATION CODE 280	BEAT/OCCUR. 0225	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO																				
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) STREET			ASSIGNMENT TYPE <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE																						
	EVENT NO 02432		RD NO. JB299217	IR NO. 1063785	CB NO. 19656659	CHARGE 720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT			INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				
INVOLVED MEMBER	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ <input type="checkbox"/> FOOT PAPV			MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR																		
	RANK 9161	LAST NAME BUCKHALTER		FIRST NAME USA			EMPLOYEE NO. ██████████	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE <input checked="" type="checkbox"/> BLACK	AGE 1	HT. 506	WT. 200																	
DNA	DATE OF APPT. 25-JUN-2001	UNIT & BEAT OF ASSIGN. 002	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> Minor Contusion/Laceration <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Minor Swelling		Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Significant Contusion			Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)																			
SUBJECT INFORMATION	LAST NAME JOHNSON		FIRST NAME ROBERT			M.I. M	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE <input checked="" type="checkbox"/> BLACK	D.O.B. 26-DEC-1976	HT. 506	WT. 160																		
SUBJECT'S ACTIONS (Check all that apply)	ADDRESS ██████████		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured Unrelated to Force		<input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input checked="" type="checkbox"/> Under Influence of Alcohol			<input checked="" type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder																			
DNA	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) ST. BERNARD		<input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury			<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal																			
UNK	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)						<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)						<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM						<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/Stun Gun <input type="checkbox"/> VEHICLE <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN										
DNA													<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Allocked Member																
UNINTENTIONAL	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF YES, IDENTIFY MANNER OF ATTACK <input type="checkbox"/> Slapped/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)		MANNER OF ATTACK <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Slapped/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)		<input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Processing/Transporting/Guarding Arrestee Charge: <input type="checkbox"/> Unintentional																		
UNINTENTIONAL	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Pursuing/Arresting Subject Charge:																						
UNINTENTIONAL	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression						<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional																		
MEMBER'S RESPONSE (Check all that apply)	FORCE MITIGATION EFFORTS						CONTROL TACTICS																						
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES	<input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR	<input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER	<input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING																					
RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS																							
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE						<input type="checkbox"/> KICKS <input type="checkbox"/> OTHER						<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION*						<input checked="" type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON						<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER					
*AUTHORIZED BY (NAME)						RANK						STAR NO.						UNIT NO.											
DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE		WEAPON SERIAL NO. X3000353R		WEAPON CERT. NO.																				
DISCHARGE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON																								
DISCHARGE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN																								
DISCHARGE	<input checked="" type="checkbox"/> TASER DISCHARGE ONLY	TASER DART ID NO. c6202kmn		PROPERTY INVENTORY NO. 14190953		PROBE DISCHARGE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		SPARK DISPLAY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER																	
DISCHARGE	<input checked="" type="checkbox"/> FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER		MODEL		DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES																	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCE

NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

EVT 02432 IN SUMMARY R/O NOTICED A DISTURBANCE IN FRONT OF 802 POLICE DISTRICT. R/O WENT OUTSIDE AND SAW OFFENDER KICKING AND SWINGING AT P.O. ALEXANDER IN AN ATTEMPT TO STRIKE HIM. R/O GAVE VERBAL COMMANDS TO STOP IN WHICH HE IGNORED CONTINUED TO SWING WITH CLOSED FISTS TRYING TO DO PHYSICAL HARM TO P.O. ALEXANDER. R/O THEN TASERED OFFENDER TO STOP FURTHER ATTACKS, UPON BEING TASERED THE OFFENDER FELL TO THE GROUND AND STRUCK HIS HEAD CAUSING A SMALL LACERATION. OFFENDER WAS THEN HANDCUFFED BY P.O. ALEXANDER. CFD AMB #36 ARRIVED ON SCENE AND OFFENDER WAS TAKEN TO ST. BERNARD'S HOSPITAL.

REPORTING MEMBER (Print Name)	STAR/EMPLOYEE NO.	SIGNATURE
BUCKHALTER, LISA	10109	

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Gun Shot		HOW WAS INJURY SUSTAINED? <input type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Member <input checked="" type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other			
<input type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)		M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
WITNESSES	LAST NAME	FIRST NAME			
	ADDRESS	TELEPHONE NO.	WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED		
CHICAGO, IL					
WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS

RSGT RESPONDED TO THE SCENE AND THERE WERE NO WITNESSES PRESENT TO BE INTERVIEWED. RSGT ENSURED ALL APPROPRIATE NOTIFICATIONS WERE MADE. RSGT ENSURED THE DETAILS WERE COMPLETE AND CORRECT AS WELL AS COMPLETING ALL NECESSARY REQUIRED BOXES IN THE SUPERVISOR REVIEW SECTION. RSGT REVIEWED ALL APPLICABLE BWC FOOTAGE REGARDING THIS INCIDENT. RSGT ENSURED ALL NECESSARY REPORTS WERE ATTACHED. RSGT ENSURED MEDICAL ATTENTION FOR OFFENDER WAS OBTAINED. FIRED CARTRIDGE AND PRONGS RECOVERED AND INVENTORYED. CL #1089808 OBTAINED FOR THIS INCIDENT.

ATTACHMENTS: <input checked="" type="checkbox"/> CASE REPORT <input checked="" type="checkbox"/> ARREST REPORT <input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> INVENTORY <input type="checkbox"/> IOD REPORT <input checked="" type="checkbox"/> TASER DOWNLOAD <input type="checkbox"/> OTHER					
REVIEWING SUPERVISOR: LOG NO. OBTAINED.					
<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.			<input checked="" type="checkbox"/> LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). 1089808		

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
BELL, CHRISTOPH	2625		09-JUN-2018 0647

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 09-JUN-2018	TIME 0315	ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609	EVENT NO. 02432	RD NO. JB299217	
	RANK 9161	MEMBER LAST NAME BUCKHALTER	MEMBER FIRST NAME LISA	EMPLOYEE NO. [REDACTED]	CB NO. 19656659	
	SUBJECT LAST NAME JOHNSON	SUBJECT FIRST NAME ROBERT	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. 1976
	CHARGE 720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT					

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Transported to St. Bernards and sedated due to agitated state during medical treatment for cut to his head from fall after being Tased

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

At the time of the Incident R/Lt. was touring the district. R/Lt. monitored the broadcast of Beat 221R that she had discharged her Taser and was requesting medical attention in front of the station. R/Lt. immediately responded to the scene. Sgt. Bell was on scene as well as CFD Amb. #36. The offender was observed to be strapped onto a gurney and being loaded into the ambulance. The offender was observed to be in an agitated state. The offender was transported to the hospital for removal of the Taser prongs. R/Lt. downloaded Officer Buckhalter's Taser which indicated one (1) trigger event of five (5) seconds duration. R/Lt. reviewed the BWC of PO Buckhalter #10109, PO Belcher #19965 and PO Salinas #6469. PO Derby did not have his BWC activated due to fact that he was in the station processing an arrest when he heard the commotion at the desk and went to assist. PO Alexander did not have a BWC on his person due to being assigned to the desk for the tour. PO Buckhalter's video starts during the Taser activation without audio. PO Belcher's video starts after the deployment and the offender can be heard using profanities. PO Salinas video shows the offender sitting on the ground after the discharge. The offender is observed to be quite vocal, belligerent and non-cooperative with CFD paramedics. The offender is also noted to be spilling towards the paramedics and officers present as he was being placed into the ambulance. The R/Lt. reviewed the Original Incident Case Report and based on available reports and video the offender's actions indicated him to be an assailant. The R/Lt. finds the member's use of force in compliance with the Department policy and directives.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE
 REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE
 ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
 1089808

BASED ON THE PRELIMINARY
 INFORMATION THAT I HAVE
 REVIEWED AND THAT WAS
 AVAILABLE AT THE TIME OF
 THIS REPORT, THE
 MEMBER'S USE OF FORCE
 RESPONSE APPEARS TO BE:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND
 DIRECTIVES.
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH
 SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN
 REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR
 REVIEW DEPARTMENT DIRECTIVES

LIEUTENANT OR ABOVE/INCIDENT COMMANDER NAME (Print)
 DOUGHERTY, MICHAEL P

STAR NO.
363

SIGNATURE
[REDACTED]

DATE/TIME COMPLETED
 09-Jun-2018